## STATE OF MAINE PUBLIC UTILITIES COMMISSION 18 STATE HOUSE STATION 242 STATE STREET AUGUSTA, MAINE 04333-0018

THOMAS L. WELCH **CHAIRMAN** 

WILLIAM M. NUGENT STEPHEN L.DIAMOND COMMISSIONERS

June 20, 2001

CAD BULLETIN No.

2001-02

TO:

All Electric and Gas Utilities

A6.

FROM:

Betty Bero, Senior Consumer Assistance Specialist

SUBJECT: Eligibility Criteria, Winter Disconnection Rule, Chapter 81, Section 17

All electric and gas utilities must submit a copy of their Eligibility Form, Notice of Customer Rights, warning letters, or other standardized collection letters and a copy of the Regular and/or Special Payment Arrangement Confirmation Forms used during the Winter Disconnection Period before November 15, 2001. The large electric and gas utilities must also submit their Guidelines for Special Payment Arrangements before November 15, 2001.

Listed below are the figures representing 150% of Federal Poverty Guidelines for use on the 2001-2002 Winter Disconnection Rule Eligibility Form (Part M) and the Notice of Customer Rights (Part N).

MY HOUSEHOLD	•	MY TOTAL YEARLY HOUSEHOLD
SIZE IS:	and	INCOME DOES NOT EXCEED:
1		\$12,885
<sub>2</sub>		17,415
3		21,945
4		26,475
5		31,005
6		35,535
<del></del> 7		40,065
<del></del> 8		44,595

(Add \$4,530 for each additional household member)

Thank you for your cooperation.





PHONE: (207) 287-3831 (Voice)

FAX: (207) 287-1039

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## WINTER DISCONNECTION RULE ELIGIBILITY FORM

I cannot afford Special Payment Arrang			wish to	enter into a
My reasons are:	(Check correct re	eason)		
[ ] (1) My house Assistance Program (HE		ound eligible	under th	e Home Energy
[ ] (2) My total ar poverty guidelines bed	nnual household in cause: (Check one	ncome does not e if applicab	exceed 19	50% of Federal
MY HOUSEHOLD SIZE IS:	AND	MY TOTAL Y	EARLY HOUS ES NOT EXC	
2		tional househousehousehousehousehousehousehouse	17,415 21,945 26,475 31,005 35,535 40,065 44,595 old member	Income (SSI).
bill because:				
I have ha all or part of my uti that I have applied to	ve not app lity bills. The o is:	olied for fina name of the	ancial assi town, ager	istance to pay ncy or program
I would like to p	eacl	h week mon	th (circle	one) during
the winter months. I I understand that begin amount each month that	will make my first inning in April, : will pay all over	st payment on I will be req erdue amounts	ired to particle by the near	ay an equal xt November 1.
NAME:	A(	CCT. NO.:		
ADDRESS:				
ELEPHONE:				

IF YOU DO NOT UNDERSTAND THIS FORM, CALL THE CONSUMER ASSISTANCE DIVISION OF THE MAINE PUBLIC UTILITIES COMMISSION, TOLL FREE, AT: 1-800-452-4699.